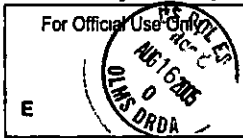


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9090</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Lillian</u> <u>Roberts</u> P O Box Bldg Room No If any <u>Room 525</u> Street <u>125 Barclay Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10007</u>	4 Name file number and address of labor organization Name <u>District Council 37, AESCME, AFL-CIO</u> Labor Organization File Number <u>059403</u> P O Box Building and Room Number if any Street <u>125 Barclay Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10007</u>
5 Position in labor organization <u>Executive Director</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Lillian Roberts</u>	On <u>8/11/05</u> Date	<u>212-815-1511</u> Telephone Number

Name of Person Filing

Lillian Roberts

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Health Insurance Plan of NYTrade Name if any HIPP O Box Bldg Room No if any Street 55 Water StreetCity New YorkState New York ZIP Code + 4 10041

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4

11 a Nature of such dealing

HIP provides health insurance coverage to some District Council 37 members employed by the City of New York and related employees

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Business meal to discuss District Council 37/HIP matters as they concern District Council District Council members

12 b Amount.

\$40.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

American Federation of State, County & Municipal Employees, AFL-CIO
125 BARCLAY STREET • NEW YORK NY 10007 2179

LEGAL DEPARTMENT
Telephone 212 815-1450
Fax 212-815 1440

District Council

37

EDDIE M DEMMINGS
General Counsel

MARY J O CONNELL
Associate General Counsel

ROBIN ROACH
Senior Assistant General Counsel

August 11, 2005

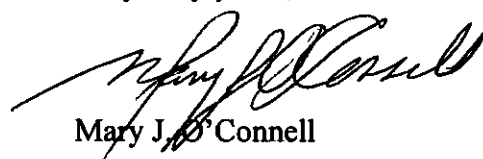
U S Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, D C 20210

LM-30 for Lillian Roberts, Executive Director of DC37

Dear Sir or Madam

Enclosed please find Ms Robert's LM-30 for calendar year 2004 Please do not
hesitate to contact me if you have any questions

Very truly yours,



Mary J. O'Connell

c Lillian Roberts
Eddie M Demmings, Esq